

**FEC  
FORM 3****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For An Authorized Committee

Office Use Only

1. NAME OF  
COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type  
over the lines.

12FE4M5

David Smith for Congress

ADDRESS (number and street)

PO Box 195128

Check if different  
than previously  
reported. (ACC)

Winter Springs

FL

32719

2. FEC IDENTIFICATION NUMBER ▼

C

C00551879

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

3. IS THIS  
REPORTNEW  
(N)

OR

AMENDED  
(A)

FL

07

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:



April 15 Quarterly Report (Q1)



July 15 Quarterly Report (Q2)



October 15 Quarterly Report (Q3)



January 31 Year-End Report (YE)



Termination Report (TER)

(b) 12-Day **PRE**-Election Report for the:

Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

M M / D D / Y Y Y Y

in the  
State of(c) 30-Day **POST**-Election Report for the:

General (30G)



Runoff (30R)



Special (30S)

Election on

M M / D D / Y Y Y Y

in the  
State of

5. Covering Period

M M / D D / Y Y Y Y  
01 / 01 / 2014

through

M M / D D / Y Y Y Y  
03 / 31 / 2014

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Thomas Martin Kiernan

Signature of Treasurer

Thomas Martin Kiernan

[Electronically Filed]

Date

M M / D D / Y Y Y Y  
04 / 15 / 2014

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office  
Use  
Only**FEC FORM 3**  
(Revised 02/2003)

# SUMMARY PAGE

of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

PAGE 2 / 62

Write or Type Committee Name

**David Smith for Congress**

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	1		2	0	1	4

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	3		3	1		2	0	1	4

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	32188.64	65525.00
(b) Total Contribution Refunds (from Line 20(d)) .....	50.00	299.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)) .....	32138.64	65226.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) .....	52276.29	12434.04
(b) Total Offsets to Operating Expenditures (from Line 14) .....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)) .....	52276.29	12434.04
8. Cash on Hand at Close of Reporting Period (from Line 27) .....	32754.31	
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	55565.47	

**For further information contact:**

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# **DETAILED SUMMARY PAGE** of Receipts

FEC Form 3 (Revised 12/2003)

PAGE 3 / 62

Write or Type Committee Name

David Smith for Congress

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	1		2	0	1	4

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	3		3	1		2	0	1	4

**I. RECEIPTS**
**COLUMN A**  
Total This Period

**COLUMN B**  
Election Cycle-to-Date
**11. CONTRIBUTIONS (other than loans) FROM:**

(a) Individuals/Persons Other Than Political Committees

(i) Itemized (use Schedule A).....

15453.00

56050.00

(ii) Unitemized.....

16735.64

9475.00

(iii) TOTAL of contributions from individuals ▶

32188.64

65525.00

(b) Political Party Committees.....

0.00

0.00

(c) Other Political Committees (such as PACs).....

0.00

0.00

(d) The Candidate.....

0.00

0.00

(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..

32188.64

65525.00

**12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....**

0.00

0.00

**13. LOANS:**

(a) Made or Guaranteed by the Candidate.....

0.00

100.00

(b) All Other Loans.....

0.00

0.00

(c) TOTAL LOANS (add Lines 13(a) and (b)).....

0.00

100.00

**14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) .....**

0.00

0.00

**15. OTHER RECEIPTS (Dividends, Interest, etc.) .....**

0.00

0.00

**16. TOTAL RECEIPTS** (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶

32188.64

65625.00

# **DETAILED SUMMARY PAGE** of Disbursements

FEC Form 3 (Revised 02/2003)

PAGE 4 / 62

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	52276.29	12434.04
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES .....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans .....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees .....	50.00	299.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	50.00	299.00
21. OTHER DISBURSEMENTS .....	0.00	0.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ►	52326.29	12733.04

## **III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	52891.96
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	32188.64
25. SUBTOTAL (add Line 23 and Line 24).....	85080.60
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	52326.29
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	32754.31

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 5 OF 62

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

David Smith for Congress

Full Name (Last, First, Middle Initial)

Robert Acevedo

A.

Mailing Address 830 Wilkinson St

City

Orlando

State

FL

Zip Code

32803

FEC ID number of contributing  
federal political committee.

C

Name of Employer

ProActive Technologies LLC

Occupation

Engineer

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
01		17		2014

Transaction ID : SA11AI.7741

Amount of Each Receipt this Period

500.00

Campaign Contribution

Full Name (Last, First, Middle Initial)

Jeffrey Alexander

B.

Mailing Address 2100 Kane Park Way

City

Windermere

State

FL

Zip Code

34786

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Orlando Cleaners

Occupation

Manager

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

2600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
03		31		2014

Transaction ID : SA11AI.7832

Amount of Each Receipt this Period

2600.00

Campaign Contribution

Full Name (Last, First, Middle Initial)

Keith Birkholz

C.

Mailing Address 45511 Knockeyon Lane

City

Great Mills

State

MD

Zip Code

20634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Imagine One

Occupation

Program Manager

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
03		30		2014

Transaction ID : SA11AI.7917

Amount of Each Receipt this Period

250.00

Campaign Contribution

SUBTOTAL of Receipts This Page (optional).....

3350.00

TOTAL This Period (last page this line number only).....

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

David Smith for Congress

Full Name (Last, First, Middle Initial)

A. Jeff Bullington

Mailing Address 55 West Church Street  
2406

City	State	Zip Code
Orlando	FL	32801

FEC ID number of contributing federal political committee.

C

Name of Employer  
Garmor, Inc.Occupation  
Manager

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
01		12		2014

Transaction ID : SA11AI.7836

Amount of Each Receipt this Period

500.00

Campaign Contribution

Full Name (Last, First, Middle Initial)

B. John Cantrell

Mailing Address PO Box 2009

City	State	Zip Code
Manassas	VA	20108

FEC ID number of contributing federal political committee.

C

Name of Employer  
SDS Associates, Inc.Occupation  
Realtor

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
02		24		2014

Transaction ID : SA11AI.7937

Amount of Each Receipt this Period

250.00

Campaign Contribution

Full Name (Last, First, Middle Initial)

C. Johnny Charles

Mailing Address 4537 Seafarer Way

City	State	Zip Code
Orlando	FL	32817

FEC ID number of contributing federal political committee.

C

Name of Employer  
Tekontrol, LLCOccupation  
COO

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
03		18		2014

Transaction ID : SA11AI.7697

Amount of Each Receipt this Period

250.00

Campaign Contribution

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1000.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 11d  
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)

**David Smith for Congress**

Full Name (Last, First, Middle Initial)

**David Christner**

**A.**

Mailing Address 2431 Deloraine Tr

City

Maitland

State

FL

Zip Code

32751

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Christner's Prime Steak & Lobster

Occupation

Saloonkeeper

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M / D D / Y Y Y Y  
01 21 2014

**Transaction ID : SA11AI.8015**

Amount of Each Receipt this Period

500.00

Campaign Contribution

Full Name (Last, First, Middle Initial)

**Guy Colado**

**B.**

Mailing Address 327 Beloit Ave

City

Winter Park

State

FL

Zip Code

32789

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Commerce National Bank & Trust

Occupation

CEO

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

350.00

Date of Receipt

M M / D D / Y Y Y Y  
01 23 2014

**Transaction ID : SA11AI.7656**

Amount of Each Receipt this Period

175.00

Campaign Contribution

Full Name (Last, First, Middle Initial)

**Timothy Crawley**

**C.**

Mailing Address 9726 Meyer Point Drive

City

Potomac

State

MD

Zip Code

20854

FEC ID number of contributing  
federal political committee.

C

Name of Employer

The Tatitlek Corporation

Occupation

Executive Director

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M / D D / Y Y Y Y  
03 25 2014

**Transaction ID : SA11AI.7770**

Amount of Each Receipt this Period

250.00

Campaign Contribution

**SUBTOTAL** of Receipts This Page (optional).....

925.00

**TOTAL** This Period (last page this line number only).....

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 8 OF 62

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d  
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)

**David Smith for Congress**

Full Name (Last, First, Middle Initial)

**William Davis**

**A.**

Mailing Address 6710 Cinnamon Dr.

City

Sparks

State

NV

Zip Code

89436

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Retired

Occupation

Pilot

Receipt For: 2014



Primary



General



Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M / D D / Y Y Y Y  
01 / 20 / 2014

**Transaction ID : SA11AI.7874**

Amount of Each Receipt this Period

500.00

Campaign Contribution

Full Name (Last, First, Middle Initial)

**Beth Dillaha**

**B.**

Mailing Address 1801 Forrest Rd

City

Winter Park

State

FL

Zip Code

32789

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Life Coach

Receipt For: 2014



Primary



General



Other (specify)

Election Cycle-to-Date

204.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 13 / 2014

**Transaction ID : SA11AI.7828**

Amount of Each Receipt this Period

54.00

Campaign Contribution

Full Name (Last, First, Middle Initial)

**A. Michael Edwards**

**C.**

Mailing Address 115 Arrowhead Ct

City

Winter Springs

State

FL

Zip Code

32706

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AME Business Solutions

Occupation

President

Receipt For: 2014



Primary



General



Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
02 / 06 / 2014

**Transaction ID : SA11AI.7892**

Amount of Each Receipt this Period

1000.00

Campaign Contribution

**SUBTOTAL** of Receipts This Page (optional).....

1554.00

**TOTAL** This Period (last page this line number only).....

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a 12 ☐ 11b 13a ☐ 11c 13b ☐ 11d 14 ☐ 15

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NAME OF COMMITTEE (In Full)

**David Smith for Congress**

Full Name (Last, First, Middle Initial)

**A. Michael Edwards**

Mailing Address 115 Arrowhead Ct

City

Winter Springs

State

FL

Zip Code

32706

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AME Business Solutions

Occupation

President

Receipt For: 2014



Primary



General



Other (specify)

Election Cycle-to-Date

1100.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 13 / 2014

**Transaction ID : SA11AI.7893**

Amount of Each Receipt this Period

100.00

Campaign Contribution

Full Name (Last, First, Middle Initial)

**B. Mary Ann Etzler**

Mailing Address PO Box 560144

City

Orlando

State

FL

Zip Code

32856

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Etzler Law

Occupation

Attorney

Receipt For: 2014



Primary



General



Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M / D D / Y Y Y Y  
02 / 11 / 2014

**Transaction ID : SA11AI.7614**

Amount of Each Receipt this Period

250.00

Campaign Contribution

Full Name (Last, First, Middle Initial)

**C. George Fender**

Mailing Address 1109 Sweetbriar Road

City

Orlando

State

FL

Zip Code

32806

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self-Employed

Occupation

CPA

Receipt For: 2014



Primary



General



Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 12 / 2014

**Transaction ID : SA11AI.7709**

Amount of Each Receipt this Period

250.00

Campaign Contribution

**SUBTOTAL** of Receipts This Page (optional).....

600.00

**TOTAL** This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 10 OF 62

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

**David Smith for Congress**

Full Name (Last, First, Middle Initial)

**Gary Fleming**

Mailing Address 3701 Ethan Lane

City

Orlando

State

FL

Zip Code

32814

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Fleming Agency

Occupation

Insurance Agent

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		18		2014

Transaction ID : SA11AI.7825

Amount of Each Receipt this Period

250.00

Campaign Contribution

Full Name (Last, First, Middle Initial)

**Kurt Flosky**

Mailing Address 6207 Seven Mile Road

City

South Lyon

State

MI

Zip Code

48178

FEC ID number of contributing  
federal political committee.

C

Name of Employer

FAAC Incorporated

Occupation

Manager

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01		16		2014

Transaction ID : SA11AI.7838

Amount of Each Receipt this Period

300.00

Campaign Contribution

Full Name (Last, First, Middle Initial)

**William Funderburk**

Mailing Address 6859 E Culver Street

City

Mesa

State

AZ

Zip Code

85207

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Phoenix Logistics, Inc.

Occupation

Manager

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		31		2014

Transaction ID : SA11AI.7840

Amount of Each Receipt this Period

1000.00

Campaign Contribution

**SUBTOTAL** of Receipts This Page (optional).....

1550.00

**TOTAL** This Period (last page this line number only).....

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 11 OF 62

☒ 11a ☐ 11b ☐ 11c ☐ 11d  
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)

**David Smith for Congress**

Full Name (Last, First, Middle Initial)

**Harry Gatanas**

**A.**

Mailing Address 1622 Wyatts Ridge

City

Crownsville

State

MD

Zip Code

21032

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Serco, Inc.

Occupation

Executive

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M / D D / Y Y Y Y  
01 / 19 / 2014

**Transaction ID : SA11Al.7758**

Amount of Each Receipt this Period

250.00

Campaign Contribution

Full Name (Last, First, Middle Initial)

**Douglas Glicken**

**B.**

Mailing Address 1344 W. Colonial Drive

City

Orlando

State

FL

Zip Code

32804

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Law Office of Douglas H. Glicken, P.A.

Occupation

Attorney

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M / D D / Y Y Y Y  
01 / 06 / 2014

**Transaction ID : SA11Al.7616**

Amount of Each Receipt this Period

250.00

Campaign Contribution

Full Name (Last, First, Middle Initial)

**Douglas Glicken**

**C.**

Mailing Address 1344 W. Colonial Drive

City

Orlando

State

FL

Zip Code

32804

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Law Office of Douglas H. Glicken, P.A.

Occupation

Attorney

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

350.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 26 / 2014

**Transaction ID : SA11Al.7617**

Amount of Each Receipt this Period

100.00

Campaign Contribution

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

600.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 12 OF 62

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

David Smith for Congress

Full Name (Last, First, Middle Initial)

David Hall

A.

Mailing Address 2637 Hazel Grove Ln

City

Oviedo

State

FL

Zip Code

32766

FEC ID number of contributing  
federal political committee.

C

Name of Employer

GDIT

Occupation

Defense Contractor

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
03		18		2014

Transaction ID : SA11Al.7717

Amount of Each Receipt this Period

250.00

Campaign Contribution

Full Name (Last, First, Middle Initial)

Roger Johnson

B.

Mailing Address 1525 Oak Tree Ct

City

Apopka

State

FL

Zip Code

32712

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Financial Planner

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
01		17		2014

Transaction ID : SA11Al.7778

Amount of Each Receipt this Period

250.00

Campaign Contribution

Full Name (Last, First, Middle Initial)

Roger Johnson

C.

Mailing Address 1525 Oak Tree Ct

City

Apopka

State

FL

Zip Code

32712

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Financial Planner

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

304.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
03		17		2014

Transaction ID : SA11Al.7779

Amount of Each Receipt this Period

54.00

Campaign Contribution

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

554.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 11d  
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)

**David Smith for Congress**

Full Name (Last, First, Middle Initial)

**Rajiv Kapur**

Mailing Address 4263 Sea Rock Court

City

Apopka

State

FL

Zip Code

32712

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Configurations

Occupation  
President

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 18 / 2014

Transaction ID : SA11Al.7895

Amount of Each Receipt this Period

250.00

Campaign Contribution

Full Name (Last, First, Middle Initial)

**Steve Knoll**

Mailing Address 201 Arrowhead Ct

City

Winter Springs

State

FL

Zip Code

32708

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CAE USA

Occupation  
Manager

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

350.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 21 / 2014

Transaction ID : SA11Al.7842

Amount of Each Receipt this Period

350.00

Campaign Contribution

Full Name (Last, First, Middle Initial)

**Trevor Kracker**

Mailing Address 1519 Carthage Rd

City

Lumberto

State

NC

Zip Code

28358

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ECO/Pres

Occupation  
Defense Logistics Support

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M / D D / Y Y Y Y  
01 / 27 / 2014

Transaction ID : SA11Al.7738

Amount of Each Receipt this Period

500.00

Campaign Contribution

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

1100.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 OF 62  
 (check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 11d  
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)  
**David Smith for Congress**

<b>A.</b> Full Name (Last, First, Middle Initial) <b>Trevor Kracker</b>			Date of Receipt M M / D D / Y Y Y Y 03 / 25 / 2014	
Mailing Address 1519 Carthage Rd			<b>Transaction ID : SA11AI.7739</b>	
City Lumberto	State NC	Zip Code 28358	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. C		Campaign Contribution		
Name of Employer ECO/Pres		Occupation Defense Logistics Support		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 600.00		
<b>B.</b> Full Name (Last, First, Middle Initial) <b>Dean Krutty</b>			Date of Receipt M M / D D / Y Y Y Y 01 / 17 / 2014	
Mailing Address 46085 Barrington			<b>Transaction ID : SA11AI.7897</b>	
City Plymouth	State MI	Zip Code 48170	Amount of Each Receipt this Period 300.00	
FEC ID number of contributing federal political committee. C		Campaign Contribution		
Name of Employer FAAC Incorporated		Occupation President		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 300.00		
<b>C.</b> Full Name (Last, First, Middle Initial) <b>David Leftwich</b>			Date of Receipt M M / D D / Y Y Y Y 03 / 17 / 2014	
Mailing Address 12151 Science Dr #101			<b>Transaction ID : SA11AI.7745</b>	
City Orlando	State FL	Zip Code 32826	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		Campaign Contribution		
Name of Employer Leftwich Consulting		Occupation Engineer		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 600.00		
<b>SUBTOTAL</b> of Receipts This Page (optional).....			900.00	
<b>TOTAL</b> This Period (last page this line number only).....				

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

**David Smith for Congress**

Full Name (Last, First, Middle Initial)

**Michael Motko****A.**

Mailing Address 2631 Treymore Dr

City

Orlando

State

FL

Zip Code

32825

FEC ID number of contributing  
federal political committee.

C

Name of Employer

QinetiQ Training &amp; Simulation

Occupation

Vice President

Receipt For: 2014



Primary



General



Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
01		15		2014

**Transaction ID : SA11AI.8043**

Amount of Each Receipt this Period

500.00

Campaign Contribution

Full Name (Last, First, Middle Initial)

**Barry Neighbors****B.**

Mailing Address 39726 Corte Santa Barbara

City

Murrieta

State

CA

Zip Code

92563

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Barry Neighbors Consulting

Occupation

Consultant

Receipt For: 2014



Primary



General



Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
03		21		2014

**Transaction ID : SA11AI.7673**

Amount of Each Receipt this Period

250.00

Campaign Contribution

Full Name (Last, First, Middle Initial)

**Robert Phipps****C.**

Mailing Address 1897 Wind Willow Road

City

Belle Isle

State

FL

Zip Code

32809

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self-Employed

Occupation

CPA

Receipt For: 2014



Primary



General



Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
02		12		2014

**Transaction ID : SA11AI.7711**

Amount of Each Receipt this Period

250.00

Campaign Contribution

**SUBTOTAL** of Receipts This Page (optional).....

1000.00

**TOTAL** This Period (last page this line number only).....

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
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☒ 11a ☐ 11b ☐ 11c ☐ 11d  
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)

**David Smith for Congress**

Full Name (Last, First, Middle Initial)

**Ross Rucker**

Mailing Address 2910 Dunlin Terrace Drive

City

State

Zip Code

Katy

TX

77494

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Aramco Services Company

Occupation  
Engineer

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M / D D / Y Y Y Y  
03 20 2014

Transaction ID : SA11AI.7747

Amount of Each Receipt this Period

250.00

Campaign Contribution

Full Name (Last, First, Middle Initial)

**Bob Schwarzkopf**

Mailing Address 104 Reinach Ln

City

State

Zip Code

New Bern

NC

28562

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-Employed

Occupation  
Ad Specialty Sales

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M / D D / Y Y Y Y  
01 28 2014

Transaction ID : SA11AI.7606

Amount of Each Receipt this Period

250.00

Campaign Contribution

Full Name (Last, First, Middle Initial)

**Stu Segall**

Mailing Address 2644 Hidden Valley Road

City

State

Zip Code

La Jolla

CA

92037

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Strategic Operations

Occupation  
Contractor

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M / D D / Y Y Y Y  
02 08 2014

Transaction ID : SA11AI.7693

Amount of Each Receipt this Period

250.00

Campaign Contribution

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

750.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 17 OF 62

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

David Smith for Congress

Full Name (Last, First, Middle Initial)

Robert Terry

A.

Mailing Address 668 Mourning Dove Cir

City

Lake Mary

State

FL

Zip Code

32746

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AST Inc.

Occupation

Vice President of Ops

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02		27		2014

Transaction ID : SA11Al.8048

Amount of Each Receipt this Period

250.00

Campaign Contribution

Full Name (Last, First, Middle Initial)

Matthew Thompson

B.

Mailing Address 2295 Curryville Rd

City

Chuluota

State

FL

Zip Code

32766

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Cole Engineering Services, Inc.

Occupation

COO

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01		27		2014

Transaction ID : SA11Al.7699

Amount of Each Receipt this Period

500.00

Campaign Contribution

Full Name (Last, First, Middle Initial)

Julio Villalba

C.

Mailing Address 920 Country Charm Circle

City

Oviedo

State

FL

Zip Code

32765

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Saab Training and Simulation

Occupation

Bus Devel

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

270.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		12		2014

Transaction ID : SA11Al.7636

Amount of Each Receipt this Period

70.00

Campaign Contribution

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

820.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 18 OF 62  
 (check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 11d  
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)  
**David Smith for Congress**

Full Name (Last, First, Middle Initial) <b>Julio Villalba</b>		Date of Receipt M M / D D / Y Y Y Y <b>03 / 31 / 2014</b>
Mailing Address <b>920 Country Charm Circle</b>		<b>Transaction ID : SA11AI.7638</b>
City <b>Oviedo</b>	State <b>FL</b>	Zip Code <b>32765</b>
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>250.00</b>
Name of Employer <b>Saab Training and Simulation</b>	Occupation <b>Bus Devel</b>	Campaign Contribution
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date <b>520.00</b>	

Full Name (Last, First, Middle Initial) <b>Christopher Yelder</b>		Date of Receipt M M / D D / Y Y Y Y <b>01 / 06 / 2014</b>
Mailing Address <b>4277 Corte Verde</b>		<b>Transaction ID : SA11AI.7685</b>
City <b>Oceanside</b>	State <b>CA</b>	Zip Code <b>92057</b>
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>250.00</b>
Name of Employer <b>Information Requested</b>	Occupation <b>Consultant</b>	Campaign Contribution
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date <b>250.00</b>	

Full Name (Last, First, Middle Initial) <b>Jackie Zhang</b>		Date of Receipt M M / D D / Y Y Y Y <b>01 / 21 / 2014</b>
Mailing Address <b>13565 Bluewater Circle</b>		<b>Transaction ID : SA11AI.7862</b>
City <b>Orlando</b>	State <b>FL</b>	Zip Code <b>32828</b>
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>250.00</b>
Name of Employer <b>Self-Employed</b>	Occupation <b>Owner/President</b>	Campaign Contribution
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date <b>250.00</b>	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>750.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	<b>15453.00</b>

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

David Smith for Congress

Full Name (Last, First, Middle Initial)

**A. American Adversaries Radio**

Mailing Address PO Box 536683

City	State	Zip Code
Orlando	FL	32853

Purpose of Disbursement  
Advertising

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		02		2014

Amount of Each Disbursement this Period

600.00
--------

Transaction ID : SB17.8058

**B. Nancy Bocsker**

Mailing Address 3323 N Washington Blvd

City	State	Zip Code
Arlington	VA	22201

Purpose of Disbursement  
Consulting

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
01		03		2014

Amount of Each Disbursement this Period

2000.00
---------

Transaction ID : SB17.8103

**c. Nancy Bocsker**

Mailing Address 3323 N Washington Blvd

City	State	Zip Code
Arlington	VA	22201

Purpose of Disbursement  
Consulting

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
02		03		2014

Amount of Each Disbursement this Period

5000.00
---------

Transaction ID : SB17.8104

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

7600.00

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

David Smith for Congress

Full Name (Last, First, Middle Initial)

**A. Nancy Bocsker**

Mailing Address 3323 N Washington Blvd

City	State	Zip Code
Arlington	VA	22201

Purpose of Disbursement  
Travel reimbursement

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
02		03		2014

Amount of Each Disbursement this Period

359.00
--------

Transaction ID : SB17.8105

**B. Kim Carroll**

Mailing Address 5623 Versailles Lane

City	State	Zip Code
Sanford	FL	32771

Purpose of Disbursement  
Consulting

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		19		2014

Amount of Each Disbursement this Period

1000.00
---------

Transaction ID : SB17.8094

**C. Crosshairs (Troy Edwards)**

Mailing Address PO Box 751

City	State	Zip Code
Minneola	FL	34755

Purpose of Disbursement  
Campaign Pictures & Travel

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
02		04		2014

Amount of Each Disbursement this Period

1200.00
---------

Transaction ID : SB17.8060

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

2559.00



**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

David Smith for Congress

Full Name (Last, First, Middle Initial)

**A. Emily Freeman**Mailing Address 1606 Eagle Nest Cir  
Winter Springs

City Winter Springs State FL Zip Code 32708

Purpose of Disbursement  
Campaign support

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
02		09		2014

Amount of Each Disbursement this Period

2006.00
---------

Transaction ID : SB17.8065

**B. Emily Freeman**Mailing Address 1606 Eagle Nest Cir  
Winter Springs

City Winter Springs State FL Zip Code 32708

Purpose of Disbursement  
Reimbursement

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
02		09		2014

Amount of Each Disbursement this Period

165.00
--------

Transaction ID : SB17.8066

**c. Emily Freeman**Mailing Address 1606 Eagle Nest Cir  
Winter Springs

City Winter Springs State FL Zip Code 32708

Purpose of Disbursement  
Reimb Campaign Exp & Supplies

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
02		14		2014

Amount of Each Disbursement this Period

786.48
--------

Transaction ID : SB17.8067

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

2957.48

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

David Smith for Congress

Full Name (Last, First, Middle Initial)

**A. Emily Freeman**Mailing Address 1606 Eagle Nest Cir  
Winter Springs

City Winter Springs State FL Zip Code 32708

Purpose of Disbursement  
Reimbursement

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	D D	Y Y Y Y
02	18	2014

Amount of Each Disbursement this Period

2030.32
---------

Transaction ID : SB17.8068

**B. Emily Freeman**Mailing Address 1606 Eagle Nest Cir  
Winter Springs

City Winter Springs State FL Zip Code 32708

Purpose of Disbursement  
Reimbursement

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	D D	Y Y Y Y
02	18	2014

Amount of Each Disbursement this Period

398.82
--------

Transaction ID : SB17.8069

**C. Emily Freeman**Mailing Address 1606 Eagle Nest Cir  
Winter Springs

City Winter Springs State FL Zip Code 32708

Purpose of Disbursement  
Campaign support

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	D D	Y Y Y Y
03	02	2014

Amount of Each Disbursement this Period

1783.68
---------

Transaction ID : SB17.8070

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

4212.82

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 24 OF 62

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

David Smith for Congress

Full Name (Last, First, Middle Initial)

**A. Emily Freeman**Mailing Address 1606 Eagle Nest Cir  
Winter Springs

City Winter Springs State FL Zip Code 32708

Purpose of Disbursement  
Reimbursement

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	D D	Y Y Y Y
03	02	2014

Amount of Each Disbursement this Period

699.71
--------

Transaction ID : SB17.8071

**B. Emily Freeman**Mailing Address 1606 Eagle Nest Cir  
Winter Springs

City Winter Springs State FL Zip Code 32708

Purpose of Disbursement  
Reimbursement

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	D D	Y Y Y Y
03	08	2014

Amount of Each Disbursement this Period

1996.00
---------

Transaction ID : SB17.8072

**C. Emily Freeman**Mailing Address 1606 Eagle Nest Cir  
Winter Springs

City Winter Springs State FL Zip Code 32708

Purpose of Disbursement  
Campaign support

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	D D	Y Y Y Y
03	18	2014

Amount of Each Disbursement this Period

2910.00
---------

Transaction ID : SB17.8073

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

5605.71

**SCHEDULE B (FEC Form 3)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

David Smith for Congress

Full Name (Last, First, Middle Initial)

**A. Joanne Freeman**

Mailing Address 1606 Eagle Nest Cir

City	State	Zip Code
Winter Springs	FL	32708

Purpose of Disbursement  
Reimburse for canopy, table and chairs

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		02		2014

Amount of Each Disbursement this Period

348.52
--------

Transaction ID : SB17.8089

**B. Joanne Freeman**

Mailing Address 1606 Eagle Nest Cir

City	State	Zip Code
Winter Springs	FL	32708

Purpose of Disbursement  
Promo materials

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		02		2014

Amount of Each Disbursement this Period

1850.00
---------

Transaction ID : SB17.8090

**c. Game Plan Media**

Mailing Address 551 Canary Island Ct

City	State	Zip Code
Orlando	FL	32828

Purpose of Disbursement  
Campaign support

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
01		27		2014

Amount of Each Disbursement this Period

695.00
--------

Transaction ID : SB17.8075

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

2893.52

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

David Smith for Congress

Full Name (Last, First, Middle Initial)

**A. Game Plan Media**

Mailing Address 551 Canary Island Ct

City	State	Zip Code
Orlando	FL	32828

Purpose of Disbursement  
Event planning

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
01		29		2014

Amount of Each Disbursement this Period

509.07
--------

Transaction ID : SB17.8076

**B. Game Plan Media**

Mailing Address 551 Canary Island Ct

City	State	Zip Code
Orlando	FL	32828

Purpose of Disbursement  
Campaign support

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
02		01		2014

Amount of Each Disbursement this Period

695.00
--------

Transaction ID : SB17.8077

**c. Game Plan Media**

Mailing Address 551 Canary Island Ct

City	State	Zip Code
Orlando	FL	32828

Purpose of Disbursement  
Event meals

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		24		2014

Amount of Each Disbursement this Period

507.02
--------

Transaction ID : SB17.8078

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

1711.09

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

David Smith for Congress

Full Name (Last, First, Middle Initial)

**A. Game Plan Media**

Mailing Address 551 Canary Island Ct

City	State	Zip Code
Orlando	FL	32828

Purpose of Disbursement  
Event planning services

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		24		2014

Amount of Each Disbursement this Period

695.00
--------

Transaction ID : SB17.8079

**B. Game Plan Media**

Mailing Address 551 Canary Island Ct

City	State	Zip Code
Orlando	FL	32828

Purpose of Disbursement  
Business cards

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		24		2014

Amount of Each Disbursement this Period

47.93
-------

Transaction ID : SB17.8080

**c. Game Plan Media**

Mailing Address 551 Canary Island Ct

City	State	Zip Code
Orlando	FL	32828

Purpose of Disbursement  
Event supplies

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		24		2014

Amount of Each Disbursement this Period

500.00
--------

Transaction ID : SB17.8081

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

1242.93

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

David Smith for Congress

Full Name (Last, First, Middle Initial)

**A. Game Plan Media**

Mailing Address 551 Canary Island Ct

City	State	Zip Code
Orlando	FL	32828

Purpose of Disbursement  
Campaign stationery supplies

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		24		2014

Amount of Each Disbursement this Period

729.53
--------

Transaction ID : SB17.8082

**B. John & Shirley's Catering**

Mailing Address 206 Ringwood Dr

City	State	Zip Code
Winter Springs	FL	32708

Purpose of Disbursement  
Catering

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		24		2014

Amount of Each Disbursement this Period

530.00
--------

Transaction ID : SB17.8092

**c. Thomas Martin Kiernan**

Mailing Address 245 NW Lincoln Cir N

City	State	Zip Code
Saint Petersburg	FL	33702

Purpose of Disbursement  
Treasurer Services

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
01		31		2014

Amount of Each Disbursement this Period

833.33
--------

Transaction ID : SB17.8227

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

2092.86

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 29 OF 62

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

David Smith for Congress

Full Name (Last, First, Middle Initial)

**A. Thomas Martin Kiernan**

Mailing Address 245 NW Lincoln Cir N

City	State	Zip Code
Saint Petersburg	FL	33702

Purpose of Disbursement  
Travel reimbursement

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
02		03		2014

Amount of Each Disbursement this Period

140.41
--------

Transaction ID : SB17.8228

**B. Thomas Martin Kiernan**

Mailing Address 245 NW Lincoln Cir N

City	State	Zip Code
Saint Petersburg	FL	33702

Purpose of Disbursement  
Travel reimbursement

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
02		28		2014

Amount of Each Disbursement this Period

138.81
--------

Transaction ID : SB17.8229

**C. Thomas Martin Kiernan**

Mailing Address 245 NW Lincoln Cir N

City	State	Zip Code
Saint Petersburg	FL	33702

Purpose of Disbursement  
Treasurer services

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
02		28		2014

Amount of Each Disbursement this Period

833.00
--------

Transaction ID : SB17.8230

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

1112.22

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 30 OF 62

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

David Smith for Congress

Full Name (Last, First, Middle Initial)

**A. Maus Media**

Mailing Address 1160 Rinehart Rd

City	State	Zip Code
Sanford	FL	32771

Purpose of Disbursement  
Social Media

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
01		29		2014

Amount of Each Disbursement this Period

2560.00
---------

Transaction ID : SB17.8096

**B. Maus Media**

Mailing Address 1160 Rinehart Rd

City	State	Zip Code
Sanford	FL	32771

Purpose of Disbursement  
Social Media

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		19		2014

Amount of Each Disbursement this Period

2560.00
---------

Transaction ID : SB17.8097

**C. Metrovista**

Mailing Address 861 Waterway Place

City	State	Zip Code
Longwood	FL	32750

Purpose of Disbursement  
Printing

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		08		2014

Amount of Each Disbursement this Period

1543.45
---------

Transaction ID : SB17.8099

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

6663.45

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

David Smith for Congress

Full Name (Last, First, Middle Initial)

**A. Piryx**

Mailing Address 144 2nd St. 1st Floor

Date of Disbursement

M M	/	D D	/	Y Y Y Y
01		24		2014

City	State	Zip Code
San Francisco	CA	94105

Purpose of Disbursement  
Processing fee

Amount of Each Disbursement this Period

1.44
------

Transaction ID : SB17.8122

Candidate Name

Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2014

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

Full Name (Last, First, Middle Initial)

**B. Piryx**

Mailing Address 144 2nd St. 1st Floor

Date of Disbursement

M M	/	D D	/	Y Y Y Y
01		27		2014

City	State	Zip Code
San Francisco	CA	94105

Purpose of Disbursement  
Processing fee

Amount of Each Disbursement this Period

2.88
------

Transaction ID : SB17.8123

Candidate Name

Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2014

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

Full Name (Last, First, Middle Initial)

**C. Piryx**

Mailing Address 144 2nd St. 1st Floor

Date of Disbursement

M M	/	D D	/	Y Y Y Y
01		27		2014

City	State	Zip Code
San Francisco	CA	94105

Purpose of Disbursement  
Processing fee

Amount of Each Disbursement this Period

28.75
-------

Transaction ID : SB17.8124

Candidate Name

Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2014

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

33.07

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

David Smith for Congress

Full Name (Last, First, Middle Initial)

**A. Piryx**

Mailing Address 144 2nd St. 1st Floor

Date of Disbursement

M M	/	D D	/	Y Y Y Y
01		27		2014

City	State	Zip Code
San Francisco	CA	94105

Amount of Each Disbursement this Period

28.75
-------

Purpose of Disbursement  
Processing feeCategory/  
Type

Transaction ID : SB17.8125

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Full Name (Last, First, Middle Initial)

**B. Piryx**

Mailing Address 144 2nd St. 1st Floor

Date of Disbursement

M M	/	D D	/	Y Y Y Y
01		28		2014

City	State	Zip Code
San Francisco	CA	94105

Amount of Each Disbursement this Period

14.38
-------

Purpose of Disbursement  
Processing feeCategory/  
Type

Transaction ID : SB17.8126

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Full Name (Last, First, Middle Initial)

**C. Piryx**

Mailing Address 144 2nd St. 1st Floor

Date of Disbursement

M M	/	D D	/	Y Y Y Y
01		29		2014

City	State	Zip Code
San Francisco	CA	94105

Amount of Each Disbursement this Period

5.75
------

Purpose of Disbursement  
Processing feeCategory/  
Type

Transaction ID : SB17.8127

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

48.88

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

David Smith for Congress

Full Name (Last, First, Middle Initial)

**A. Piryx**

Mailing Address 144 2nd St. 1st Floor

Date of Disbursement

M M	/	D D	/	Y Y Y Y
01		30		2014

City	State	Zip Code
San Francisco	CA	94105

Purpose of Disbursement  
Processing fee

Amount of Each Disbursement this Period

1.44
------

Transaction ID : SB17.8128

Candidate Name

Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2014

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

Full Name (Last, First, Middle Initial)

**B. Piryx**

Mailing Address 144 2nd St. 1st Floor

Date of Disbursement

M M	/	D D	/	Y Y Y Y
01		30		2014

City	State	Zip Code
San Francisco	CA	94105

Purpose of Disbursement  
Processing fee

Amount of Each Disbursement this Period

1.44
------

Transaction ID : SB17.8129

Candidate Name

Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2014

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

Full Name (Last, First, Middle Initial)

**C. Piryx**

Mailing Address 144 2nd St. 1st Floor

Date of Disbursement

M M	/	D D	/	Y Y Y Y
01		30		2014

City	State	Zip Code
San Francisco	CA	94105

Purpose of Disbursement  
Processing fee

Amount of Each Disbursement this Period

5.75
------

Transaction ID : SB17.8130

Candidate Name

Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2014

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

8.63



**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 35 OF 62

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

David Smith for Congress

Full Name (Last, First, Middle Initial)

**A. Piryx**

Mailing Address 144 2nd St. 1st Floor

Date of Disbursement

M M	/	D D	/	Y Y Y Y
02		04		2014

City	State	Zip Code
San Francisco	CA	94105

Purpose of Disbursement  
Processing fee

Amount of Each Disbursement this Period

5.75
------

Transaction ID : SB17.8134

Candidate Name

Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2014

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

Full Name (Last, First, Middle Initial)

**B. Piryx**

Mailing Address 144 2nd St. 1st Floor

Date of Disbursement

M M	/	D D	/	Y Y Y Y
02		04		2014

City	State	Zip Code
San Francisco	CA	94105

Purpose of Disbursement  
Processing fee

Amount of Each Disbursement this Period

5.75
------

Transaction ID : SB17.8135

Candidate Name

Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2014

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

Full Name (Last, First, Middle Initial)

**C. Piryx**

Mailing Address 144 2nd St. 1st Floor

Date of Disbursement

M M	/	D D	/	Y Y Y Y
02		06		2014

City	State	Zip Code
San Francisco	CA	94105

Purpose of Disbursement  
Processing fee

Amount of Each Disbursement this Period

1.44
------

Transaction ID : SB17.8136

Candidate Name

Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2014

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

12.94

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 36 OF 62

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

David Smith for Congress

Full Name (Last, First, Middle Initial)

**A. Piryx**

Mailing Address 144 2nd St. 1st Floor

Date of Disbursement

M M	/	D D	/	Y Y Y Y
02		08		2014

City	State	Zip Code
San Francisco	CA	94105

Purpose of Disbursement  
Processing fee

Amount of Each Disbursement this Period

14.38
-------

Transaction ID : SB17.8137

Candidate Name

Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2014

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

Full Name (Last, First, Middle Initial)

**B. Piryx**

Mailing Address 144 2nd St. 1st Floor

Date of Disbursement

M M	/	D D	/	Y Y Y Y
02		14		2014

City	State	Zip Code
San Francisco	CA	94105

Purpose of Disbursement  
Processing fee

Amount of Each Disbursement this Period

1.44
------

Transaction ID : SB17.8138

Candidate Name

Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2014

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

Full Name (Last, First, Middle Initial)

**C. Piryx**

Mailing Address 144 2nd St. 1st Floor

Date of Disbursement

M M	/	D D	/	Y Y Y Y
02		14		2014

City	State	Zip Code
San Francisco	CA	94105

Purpose of Disbursement  
Processing fee

Amount of Each Disbursement this Period

2.88
------

Transaction ID : SB17.8139

Candidate Name

Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2014

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

18.70

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 37 OF 62

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

David Smith for Congress

Full Name (Last, First, Middle Initial)

**A. Piryx**

Mailing Address 144 2nd St. 1st Floor

Date of Disbursement

M M	/	D D	/	Y Y Y Y
02		14		2014

City	State	Zip Code
San Francisco	CA	94105

Purpose of Disbursement  
Processing fee

Amount of Each Disbursement this Period

5.75
------

Transaction ID : SB17.8140

Candidate Name

Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2014

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

Full Name (Last, First, Middle Initial)

**B. Piryx**

Mailing Address 144 2nd St. 1st Floor

Date of Disbursement

M M	/	D D	/	Y Y Y Y
02		16		2014

City	State	Zip Code
San Francisco	CA	94105

Purpose of Disbursement  
Processing fee

Amount of Each Disbursement this Period

5.75
------

Transaction ID : SB17.8141

Candidate Name

Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2014

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

Full Name (Last, First, Middle Initial)

**C. Piryx**

Mailing Address 144 2nd St. 1st Floor

Date of Disbursement

M M	/	D D	/	Y Y Y Y
02		16		2014

City	State	Zip Code
San Francisco	CA	94105

Purpose of Disbursement  
Processing fee

Amount of Each Disbursement this Period

11.50
-------

Transaction ID : SB17.8142

Candidate Name

Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2014

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

23.00

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 38 OF 62

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

David Smith for Congress

Full Name (Last, First, Middle Initial)

**A. Piryx**

Mailing Address 144 2nd St. 1st Floor

Date of Disbursement

M M	/	D D	/	Y Y Y Y
02		18		2014

City	State	Zip Code
San Francisco	CA	94105

Purpose of Disbursement  
Processing fee

Amount of Each Disbursement this Period

5.75
------

Transaction ID : SB17.8143

Candidate Name

Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2014

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

Full Name (Last, First, Middle Initial)

**B. Piryx**

Mailing Address 144 2nd St. 1st Floor

Date of Disbursement

M M	/	D D	/	Y Y Y Y
02		19		2014

City	State	Zip Code
San Francisco	CA	94105

Purpose of Disbursement  
Processing fee

Amount of Each Disbursement this Period

1.44
------

Transaction ID : SB17.8144

Candidate Name

Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2014

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

Full Name (Last, First, Middle Initial)

**C. Piryx**

Mailing Address 144 2nd St. 1st Floor

Date of Disbursement

M M	/	D D	/	Y Y Y Y
02		25		2014

City	State	Zip Code
San Francisco	CA	94105

Purpose of Disbursement  
Processing fee

Amount of Each Disbursement this Period

1.44
------

Transaction ID : SB17.8145

Candidate Name

Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2014

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

8.63

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 39 OF 62

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

David Smith for Congress

Full Name (Last, First, Middle Initial)

**A. Piryx**

Mailing Address 144 2nd St. 1st Floor

Date of Disbursement

M M	/	D D	/	Y Y Y Y
02		27		2014

City	State	Zip Code
San Francisco	CA	94105

Purpose of Disbursement  
Processing fee

Amount of Each Disbursement this Period

1.44
------

Transaction ID : SB17.8146

Candidate Name

Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2014

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

Full Name (Last, First, Middle Initial)

**B. Piryx**

Mailing Address 144 2nd St. 1st Floor

Date of Disbursement

M M	/	D D	/	Y Y Y Y
02		27		2014

City	State	Zip Code
San Francisco	CA	94105

Purpose of Disbursement  
Processing fee

Amount of Each Disbursement this Period

14.38
-------

Transaction ID : SB17.8147

Candidate Name

Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2014

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

Full Name (Last, First, Middle Initial)

**C. Piryx**

Mailing Address 144 2nd St. 1st Floor

Date of Disbursement

M M	/	D D	/	Y Y Y Y
02		28		2014

City	State	Zip Code
San Francisco	CA	94105

Purpose of Disbursement  
Processing fee

Amount of Each Disbursement this Period

2.88
------

Transaction ID : SB17.8148

Candidate Name

Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2014

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

18.70

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 40 OF 62

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

David Smith for Congress

Full Name (Last, First, Middle Initial)

**A. Piryx**

Mailing Address 144 2nd St. 1st Floor

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		04		2014

City	State	Zip Code
San Francisco	CA	94105

Purpose of Disbursement  
Processing fee

Amount of Each Disbursement this Period

5.75
------

Transaction ID : SB17.8149

Candidate Name

Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2014

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

Full Name (Last, First, Middle Initial)

**B. Piryx**

Mailing Address 144 2nd St. 1st Floor

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		05		2014

City	State	Zip Code
San Francisco	CA	94105

Purpose of Disbursement  
Processing fee

Amount of Each Disbursement this Period

5.75
------

Transaction ID : SB17.8150

Candidate Name

Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2014

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

Full Name (Last, First, Middle Initial)

**C. Piryx**

Mailing Address 144 2nd St. 1st Floor

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		05		2014

City	State	Zip Code
San Francisco	CA	94105

Purpose of Disbursement  
Processing fee

Amount of Each Disbursement this Period

11.44
-------

Transaction ID : SB17.8151

Candidate Name

Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2014

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

22.94

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 41 OF 62

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

David Smith for Congress

Full Name (Last, First, Middle Initial)

**A. Piryx**

Mailing Address 144 2nd St. 1st Floor

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		06		2014

City	State	Zip Code
San Francisco	CA	94105

Amount of Each Disbursement this Period

2.88
------

Purpose of Disbursement  
Processing feeCategory/  
Type

Transaction ID : SB17.8152

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2014

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

Full Name (Last, First, Middle Initial)

**B. Piryx**

Mailing Address 144 2nd St. 1st Floor

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		12		2014

City	State	Zip Code
San Francisco	CA	94105

Amount of Each Disbursement this Period

2.88
------

Purpose of Disbursement  
Processing feeCategory/  
Type

Transaction ID : SB17.8153

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2014

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

Full Name (Last, First, Middle Initial)

**C. Piryx**

Mailing Address 144 2nd St. 1st Floor

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		12		2014

City	State	Zip Code
San Francisco	CA	94105

Amount of Each Disbursement this Period

14.38
-------

Purpose of Disbursement  
Processing feeCategory/  
Type

Transaction ID : SB17.8154

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2014

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

20.14

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 42 OF 62

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

David Smith for Congress

Full Name (Last, First, Middle Initial)

**A. Piryx**

Mailing Address 144 2nd St. 1st Floor

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		14		2014

City	State	Zip Code
San Francisco	CA	94105

Amount of Each Disbursement this Period

1.44
------

Purpose of Disbursement  
Processing feeCategory/  
Type

Transaction ID : SB17.8155

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Full Name (Last, First, Middle Initial)

**B. Piryx**

Mailing Address 144 2nd St. 1st Floor

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		14		2014

City	State	Zip Code
San Francisco	CA	94105

Amount of Each Disbursement this Period

1.73
------

Purpose of Disbursement  
Processing feeCategory/  
Type

Transaction ID : SB17.8156

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Full Name (Last, First, Middle Initial)

**C. Piryx**

Mailing Address 144 2nd St. 1st Floor

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		14		2014

City	State	Zip Code
San Francisco	CA	94105

Amount of Each Disbursement this Period

1.73
------

Purpose of Disbursement  
Processing feeCategory/  
Type

Transaction ID : SB17.8157

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

4.90
------

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 43 OF 62

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

David Smith for Congress

Full Name (Last, First, Middle Initial)

**A. Piryx**

Mailing Address 144 2nd St. 1st Floor

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		14		2014

City	State	Zip Code
San Francisco	CA	94105

Purpose of Disbursement  
Processing fee

Amount of Each Disbursement this Period

1.73
------

Transaction ID : SB17.8158

Candidate Name

Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2014

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

Full Name (Last, First, Middle Initial)

**B. Piryx**

Mailing Address 144 2nd St. 1st Floor

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		14		2014

City	State	Zip Code
San Francisco	CA	94105

Purpose of Disbursement  
Processing fee

Amount of Each Disbursement this Period

2.88
------

Transaction ID : SB17.8159

Candidate Name

Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2014

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

Full Name (Last, First, Middle Initial)

**C. Piryx**

Mailing Address 144 2nd St. 1st Floor

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		14		2014

City	State	Zip Code
San Francisco	CA	94105

Purpose of Disbursement  
Processing fee

Amount of Each Disbursement this Period

2.88
------

Transaction ID : SB17.8160

Candidate Name

Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2014

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

7.49
------

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 44 OF 62

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

David Smith for Congress

Full Name (Last, First, Middle Initial)

**A. Piryx**

Mailing Address 144 2nd St. 1st Floor

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		14		2014

City	State	Zip Code
San Francisco	CA	94105

Purpose of Disbursement  
Processing fee

Amount of Each Disbursement this Period

5.75
------

Transaction ID : SB17.8161

Candidate Name

Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2014

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

Full Name (Last, First, Middle Initial)

**B. Piryx**

Mailing Address 144 2nd St. 1st Floor

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		15		2014

City	State	Zip Code
San Francisco	CA	94105

Purpose of Disbursement  
Processing fee

Amount of Each Disbursement this Period

5.75
------

Transaction ID : SB17.8162

Candidate Name

Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2014

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

Full Name (Last, First, Middle Initial)

**C. Piryx**

Mailing Address 144 2nd St. 1st Floor

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		16		2014

City	State	Zip Code
San Francisco	CA	94105

Purpose of Disbursement  
Processing fee

Amount of Each Disbursement this Period

1.73
------

Transaction ID : SB17.8163

Candidate Name

Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2014

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

13.23

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 45 OF 62

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

David Smith for Congress

Full Name (Last, First, Middle Initial)

**A. Piryx**

Mailing Address 144 2nd St. 1st Floor

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		16		2014

City	State	Zip Code
San Francisco	CA	94105

Purpose of Disbursement  
Processing fee

Amount of Each Disbursement this Period

1.73
------

Transaction ID : SB17.8164

Candidate Name

Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2014

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

Full Name (Last, First, Middle Initial)

**B. Piryx**

Mailing Address 144 2nd St. 1st Floor

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		17		2014

City	State	Zip Code
San Francisco	CA	94105

Purpose of Disbursement  
Processing fee

Amount of Each Disbursement this Period

2.88
------

Transaction ID : SB17.8165

Candidate Name

Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2014

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

Full Name (Last, First, Middle Initial)

**C. Piryx**

Mailing Address 144 2nd St. 1st Floor

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		17		2014

City	State	Zip Code
San Francisco	CA	94105

Purpose of Disbursement  
Processing fee

Amount of Each Disbursement this Period

2.88
------

Transaction ID : SB17.8166

Candidate Name

Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2014

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

7.49
------

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 46 OF 62

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

David Smith for Congress

Full Name (Last, First, Middle Initial)

**A. Piryx**

Mailing Address 144 2nd St. 1st Floor

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		18		2014

City	State	Zip Code
San Francisco	CA	94105

Amount of Each Disbursement this Period

14.38
-------

Purpose of Disbursement  
Processing feeCategory/  
Type

Transaction ID : SB17.8167

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2014

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

Full Name (Last, First, Middle Initial)

**B. Piryx**

Mailing Address 144 2nd St. 1st Floor

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		18		2014

City	State	Zip Code
San Francisco	CA	94105

Amount of Each Disbursement this Period

5.75
------

Purpose of Disbursement  
Processing feeCategory/  
Type

Transaction ID : SB17.8168

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2014

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

Full Name (Last, First, Middle Initial)

**C. Piryx**

Mailing Address 144 2nd St. 1st Floor

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		18		2014

City	State	Zip Code
San Francisco	CA	94105

Amount of Each Disbursement this Period

14.38
-------

Purpose of Disbursement  
Processing feeCategory/  
Type

Transaction ID : SB17.8169

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2014

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

34.51

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 47 OF 62

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

David Smith for Congress

Full Name (Last, First, Middle Initial)

**A. Piryx**

Mailing Address 144 2nd St. 1st Floor

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		20		2014

City	State	Zip Code
San Francisco	CA	94105

Amount of Each Disbursement this Period

14.38
-------

Purpose of Disbursement  
Processing feeCategory/  
Type

Transaction ID : SB17.8170

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Full Name (Last, First, Middle Initial)

**B. Piryx**

Mailing Address 144 2nd St. 1st Floor

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		20		2014

City	State	Zip Code
San Francisco	CA	94105

Amount of Each Disbursement this Period

5.75
------

Purpose of Disbursement  
Processing feeCategory/  
Type

Transaction ID : SB17.8171

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Full Name (Last, First, Middle Initial)

**C. Piryx**

Mailing Address 144 2nd St. 1st Floor

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		21		2014

City	State	Zip Code
San Francisco	CA	94105

Amount of Each Disbursement this Period

14.38
-------

Purpose of Disbursement  
Processing feeCategory/  
Type

Transaction ID : SB17.8172

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

34.51

# **SCHEDULE B (FEC Form 3)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 48 OF 62

☒ 17    ☐ 18    ☐ 19a    ☐ 19b  
☐ 20a    ☐ 20b    ☐ 20c    ☐ 21

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NAME OF COMMITTEE (In Full)

David Smith for Congress

Full Name (Last, First, Middle Initial)

## **A. Piryx**

Mailing Address 144 2nd St. 1st Floor

Date of Disbursement

M M / D D / Y Y Y Y  
03 / 21 / 2014

City State Zip Code  
San Francisco CA 94105

Amount of Each Disbursement this Period

11.50

Purpose of Disbursement  
Processing fee

Category/  
Type

Transaction ID : SB17.8173

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Full Name (Last, First, Middle Initial)

## **B. Piryx**

Mailing Address 144 2nd St. 1st Floor

Date of Disbursement

M M / D D / Y Y Y Y  
03 / 21 / 2014

City State Zip Code  
San Francisco CA 94105

Amount of Each Disbursement this Period

5.75

Purpose of Disbursement  
Processing fee

Category/  
Type

Transaction ID : SB17.8174

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Full Name (Last, First, Middle Initial)

## **C. Piryx**

Mailing Address 144 2nd St. 1st Floor

Date of Disbursement

M M / D D / Y Y Y Y  
03 / 25 / 2014

City State Zip Code  
San Francisco CA 94105

Amount of Each Disbursement this Period

14.38

Purpose of Disbursement  
Processing fee

Category/  
Type

Transaction ID : SB17.8175

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

**SUBTOTAL** of Disbursements This Page (optional).....

**TOTAL** This Period (last page this line number only).....

31.63

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 49 OF 62

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

David Smith for Congress

Full Name (Last, First, Middle Initial)

**A. Piryx**

Mailing Address 144 2nd St. 1st Floor

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		25		2014

City	State	Zip Code
San Francisco	CA	94105

Purpose of Disbursement  
Processing fee

Amount of Each Disbursement this Period

11.50
-------

Transaction ID : SB17.8176

Candidate Name

Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2014

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

Full Name (Last, First, Middle Initial)

**B. Piryx**

Mailing Address 144 2nd St. 1st Floor

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		26		2014

City	State	Zip Code
San Francisco	CA	94105

Purpose of Disbursement  
Processing fee

Amount of Each Disbursement this Period

1.44
------

Transaction ID : SB17.8177

Candidate Name

Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2014

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

Full Name (Last, First, Middle Initial)

**C. Piryx**

Mailing Address 144 2nd St. 1st Floor

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		26		2014

City	State	Zip Code
San Francisco	CA	94105

Purpose of Disbursement  
Processing fee

Amount of Each Disbursement this Period

2.88
------

Transaction ID : SB17.8178

Candidate Name

Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2014

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

15.82

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 50 OF 62

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

David Smith for Congress

Full Name (Last, First, Middle Initial)

**A. Piryx**

Mailing Address 144 2nd St. 1st Floor

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		26		2014

City	State	Zip Code
San Francisco	CA	94105

Purpose of Disbursement  
Processing fee

Amount of Each Disbursement this Period

11.50
-------

Transaction ID : SB17.8179

Candidate Name

Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2014

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

Full Name (Last, First, Middle Initial)

**B. Piryx**

Mailing Address 144 2nd St. 1st Floor

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		26		2014

City	State	Zip Code
San Francisco	CA	94105

Purpose of Disbursement  
Processing fee

Amount of Each Disbursement this Period

1.44
------

Transaction ID : SB17.8180

Candidate Name

Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2014

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

Full Name (Last, First, Middle Initial)

**C. Piryx**

Mailing Address 144 2nd St. 1st Floor

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		26		2014

City	State	Zip Code
San Francisco	CA	94105

Purpose of Disbursement  
Processing fee

Amount of Each Disbursement this Period

5.75
------

Transaction ID : SB17.8181

Candidate Name

Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2014

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

18.69

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 51 OF 62

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

David Smith for Congress

Full Name (Last, First, Middle Initial)

**A. Piryx**

Mailing Address 144 2nd St. 1st Floor

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		26		2014

City	State	Zip Code
San Francisco	CA	94105

Purpose of Disbursement  
Processing fee

Amount of Each Disbursement this Period

2.88
------

Transaction ID : SB17.8182

Candidate Name

Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2014

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

Full Name (Last, First, Middle Initial)

**B. Piryx**

Mailing Address 144 2nd St. 1st Floor

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		26		2014

City	State	Zip Code
San Francisco	CA	94105

Purpose of Disbursement  
Processing fee

Amount of Each Disbursement this Period

5.75
------

Transaction ID : SB17.8183

Candidate Name

Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2014

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

Full Name (Last, First, Middle Initial)

**C. Piryx**

Mailing Address 144 2nd St. 1st Floor

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		26		2014

City	State	Zip Code
San Francisco	CA	94105

Purpose of Disbursement  
Processing fee

Amount of Each Disbursement this Period

1.16
------

Transaction ID : SB17.8184

Candidate Name

Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2014

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

9.79



**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 53 OF 62

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

David Smith for Congress

Full Name (Last, First, Middle Initial)

**A. Piryx**

Mailing Address 144 2nd St. 1st Floor

City	State	Zip Code
San Francisco	CA	94105

Purpose of Disbursement  
Chargeback fee

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		31		2014

Amount of Each Disbursement this Period

29.00
-------

Transaction ID : SB17.8188

**B. Piryx**

Mailing Address 144 2nd St. 1st Floor

City	State	Zip Code
San Francisco	CA	94105

Purpose of Disbursement  
Processing fee

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		31		2014

Amount of Each Disbursement this Period

1.44
------

Transaction ID : SB17.8189

**C. Piryx**

Mailing Address 144 2nd St. 1st Floor

City	State	Zip Code
San Francisco	CA	94105

Purpose of Disbursement  
Processing fee

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		31		2014

Amount of Each Disbursement this Period

1.44
------

Transaction ID : SB17.8190

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

31.88

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 54 OF 62

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

David Smith for Congress

Full Name (Last, First, Middle Initial)

**A. Piryx**

Mailing Address 144 2nd St. 1st Floor

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		31		2014

City	State	Zip Code
San Francisco	CA	94105

Amount of Each Disbursement this Period

11.50
-------

Purpose of Disbursement  
Processing feeCategory/  
Type

Transaction ID : SB17.8191

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Full Name (Last, First, Middle Initial)

**B. Piryx**

Mailing Address 144 2nd St. 1st Floor

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		31		2014

City	State	Zip Code
San Francisco	CA	94105

Amount of Each Disbursement this Period

14.38
-------

Purpose of Disbursement  
Processing feeCategory/  
Type

Transaction ID : SB17.8192

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Full Name (Last, First, Middle Initial)

**C. Piryx**

Mailing Address 144 2nd St. 1st Floor

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		31		2014

City	State	Zip Code
San Francisco	CA	94105

Amount of Each Disbursement this Period

149.50
--------

Purpose of Disbursement  
Processing feeCategory/  
Type

Transaction ID : SB17.8193

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

175.38

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 55 OF 62

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

David Smith for Congress

Full Name (Last, First, Middle Initial)

**A. Piryx**

Mailing Address 144 2nd St. 1st Floor

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		31		2014

City	State	Zip Code
San Francisco	CA	94105

Purpose of Disbursement  
Processing fee

Amount of Each Disbursement this Period

14.38
-------

Transaction ID : SB17.8194

Candidate Name

Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2014

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

Full Name (Last, First, Middle Initial)

**B. Piryx**

Mailing Address 144 2nd St. 1st Floor

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		31		2014

City	State	Zip Code
San Francisco	CA	94105

Purpose of Disbursement  
Processing fee

Amount of Each Disbursement this Period

2.88
------

Transaction ID : SB17.8195

Candidate Name

Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2014

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

Full Name (Last, First, Middle Initial)

**C. Piryx**

Mailing Address 144 2nd St. 1st Floor

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		31		2014

City	State	Zip Code
San Francisco	CA	94105

Purpose of Disbursement  
Processing fee

Amount of Each Disbursement this Period

5.75
------

Transaction ID : SB17.8196

Candidate Name

Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2014

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

23.01

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 56 OF 62

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

David Smith for Congress

Full Name (Last, First, Middle Initial)

**A. Piryx**

Mailing Address 144 2nd St. 1st Floor

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		31		2014

City	State	Zip Code
San Francisco	CA	94105

Purpose of Disbursement  
Processing fee

Amount of Each Disbursement this Period

5.75
------

Transaction ID : SB17.8197

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Full Name (Last, First, Middle Initial)

**B. Piryx**

Mailing Address 144 2nd St. 1st Floor

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		31		2014

City	State	Zip Code
San Francisco	CA	94105

Purpose of Disbursement  
Processing fee

Amount of Each Disbursement this Period

57.50
-------

Transaction ID : SB17.8198

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Full Name (Last, First, Middle Initial)

**C. Piryx**

Mailing Address 144 2nd St. 1st Floor

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		31		2014

City	State	Zip Code
San Francisco	CA	94105

Purpose of Disbursement  
Processing fee

Amount of Each Disbursement this Period

5.75
------

Transaction ID : SB17.8199

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

69.00
-------

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 57 OF 62

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

David Smith for Congress

Full Name (Last, First, Middle Initial)

**A. Piryx**

Mailing Address 144 2nd St. 1st Floor

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		31		2014

City	State	Zip Code
San Francisco	CA	94105

Purpose of Disbursement  
Processing fee

Amount of Each Disbursement this Period

2.88
------

Transaction ID : SB17.8200

Candidate Name

Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2014

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

Full Name (Last, First, Middle Initial)

**B. Piryx**

Mailing Address 144 2nd St. 1st Floor

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		31		2014

City	State	Zip Code
San Francisco	CA	94105

Purpose of Disbursement  
Processing fee

Amount of Each Disbursement this Period

3.11
------

Transaction ID : SB17.8201

Candidate Name

Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2014

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

Full Name (Last, First, Middle Initial)

**C. Piryx**

Mailing Address 144 2nd St. 1st Floor

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		31		2014

City	State	Zip Code
San Francisco	CA	94105

Purpose of Disbursement  
Processing fee

Amount of Each Disbursement this Period

2.88
------

Transaction ID : SB17.8202

Candidate Name

Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2014

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

8.87

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 58 OF 62

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

David Smith for Congress

Full Name (Last, First, Middle Initial)

**A. Piryx**

Mailing Address 144 2nd St. 1st Floor

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		31		2014

City	State	Zip Code
San Francisco	CA	94105

Purpose of Disbursement  
Processing fee

Amount of Each Disbursement this Period

1.44
------

Transaction ID : SB17.8203

Candidate Name

Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2014

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State: District:

Full Name (Last, First, Middle Initial)

**B. Nancy Riordan**

Mailing Address 1149 Covington St

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		01		2014

City	State	Zip Code
Oviedo	FL	32765

Purpose of Disbursement  
Campaign support

Amount of Each Disbursement this Period

2000.00
---------

Transaction ID : SB17.8106

Candidate Name

Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2014

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State: District:

Full Name (Last, First, Middle Initial)

**c. Nancy Riordan**

Mailing Address 1149 Covington St

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		24		2014

City	State	Zip Code
Oviedo	FL	32765

Purpose of Disbursement  
Expense reimbursement (meals)

Amount of Each Disbursement this Period

63.00
-------

Transaction ID : SB17.8064

Candidate Name

Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2014

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State: District:

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

2064.44

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 59 OF 62

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

David Smith for Congress

Full Name (Last, First, Middle Initial)

**A. USPS**

Mailing Address 5840 Red Bug Lake Rd

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		07		2014

City	State	Zip Code
Winter Springs	FL	32708

Purpose of Disbursement  
Business Reply Permit

Amount of Each Disbursement this Period

685.00
--------

Transaction ID : SB17.8232

Candidate Name

Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2014

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

Full Name (Last, First, Middle Initial)

**B. USPS**

Mailing Address 5840 Red Bug Lake Rd

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		07		2014

City	State	Zip Code
Winter Springs	FL	32708

Purpose of Disbursement  
Business Reply Permit

Amount of Each Disbursement this Period

220.00
--------

Transaction ID : SB17.8233

Candidate Name

Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2014

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

Full Name (Last, First, Middle Initial)

**C. William Russell Consulting**

Mailing Address 14207 Lake Underhill Rd

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		03		2014

City	State	Zip Code
Orlando	FL	32828

Purpose of Disbursement  
Campaign Management services

Amount of Each Disbursement this Period

1000.00
---------

Transaction ID : SB17.8235

Candidate Name

Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2014

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

1905.00

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 60 OF 62

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

David Smith for Congress

Full Name (Last, First, Middle Initial)

**A. William Russell Consulting**

Mailing Address 14207 Lake Underhill Rd

City	State	Zip Code
Orlando	FL	32828

Purpose of Disbursement  
Postage & palm card reimbursement

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		03		2014

Amount of Each Disbursement this Period

155.48
--------

Transaction ID : SB17.8236

**B. William Russell Consulting**

Mailing Address 14207 Lake Underhill Rd

City	State	Zip Code
Orlando	FL	32828

Purpose of Disbursement  
Expense reimbursement

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		14		2014

Amount of Each Disbursement this Period

972.54
--------

Transaction ID : SB17.8237

**C. William Russell Consulting**

Mailing Address 14207 Lake Underhill Rd

City	State	Zip Code
Orlando	FL	32828

Purpose of Disbursement  
Reimbursement

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		27		2014

Amount of Each Disbursement this Period

699.54
--------

Transaction ID : SB17.8238

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

1827.56

51228.61

**SCHEDULE C (FEC Form 3)**  
**LOANS**

PAGE 61 OF 62

Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)☒ 13a  
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.7599

David Smith for Congress

LOAN SOURCE Full Name (Last, First, Middle Initial)

DAVID A SMITH

**[PERSONAL FUNDS]**

Election: 2014

☒ Primary☐ General☐ Other (specify) ▼Mailing Address  
PO BOX 195128

City

State

ZIP Code

WINTER SPRINGS

FL

32719

Original Amount of Loan

100.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

100.00

**TERMS**

Date Incurred

M 11 / D 19 / Y 2013

Date Due

M 11 / D 01 / Y 2014

Interest Rate

0.01 % (apr)

Secured:

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

100.00

**TOTALS** This Period (last page in this line only)..... ►

100.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

**SCHEDULE D (FEC Form 3)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 62 OF 62

FOR LINE NUMBER:  
(check only one)
☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

**David Smith for Congress**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**David Smith**

Nature of Debt (Purpose):

Campaign expenses paid by candidate

Mailing Address 104 So Tamilynn Cr

City State

Zip Code

Cary

NC

27513

Outstanding Balance Beginning This Period

0.00

Transaction ID : SD10.8241

Amount Incurred This Period

8004.18

Payment This Period

0.00

Outstanding Balance at Close of This Period

8004.18

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**DAVID A SMITH**

Nature of Debt (Purpose):

Misc candidate-paid campaign expenses

Mailing Address PO BOX 195128

City State

Zip Code

WINTER SPRINGS

FL

32719

Outstanding Balance Beginning This Period

47461.29

Transaction ID : SD10.6476

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

47461.29

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City

State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

1) **SUBTOTALS** This Period This Page (optional) ..... ▶

55465.47

2) **TOTALS** This Period (last page this line number only) ..... ▶

55465.47

3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only)..... ▶

100.00

4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ▶

55565.47